

SCHOOL BASED SERVICES THE UNIQUE PARTNERSHIP OF MEDICAID AND EDUCATION

**at Kentucky School Based
Medicaid Services
Annual Meeting
August 29, 2013**



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TODAY'S AGENDA

- How did we all get here?
- Why this is *Important*
- Your Roles in Medicaid SBS Program

HOW DID WE ALL GET HERE?

- I'm wearing at least 2 hats today
 - Michigan Medicaid SBS Program
 - National Alliance for Medicaid in Education, Inc.
(NAME)
 - And.....

HOW DID WE ALL GET HERE?



HOW DID WE ALL GET HERE?



HOW DID WE ALL GET HERE?

- How about you?

WHY IS THIS PROGRAM IMPORTANT?

- At least 175 reasons
 - Districts and state schools
- Add 97,554 more reasons
 - Children and students, eligible for special education in KY
 - (December 1 count 2012)
- But, add \$7 MILLION MORE reasons
 - Amount of federal Medicaid reimbursement to YOUR STATE last year

In Michigan we have over \$115 MILLION reasons to pay attention to the Medicaid School Based Services program with 800 school districts, 211,000 children and students eligible for Part B and Part C Special Education and *Early On* ©

WHAT IS MEDICAID?

- **NOT Medicare** (for persons over 65; mostly federally funded by approps, your earnings taxes, member premiums/deductibles; growing fast as baby boomers reach 65); 45million enrollees; for more info: <http://www.medicare.gov/pubs/pdf/10050.pdf>
- **Medicaid**
 - For low-income families, including children; over 62 million enrollees; largest health care program in US
 - Jointly funded by State and Federal govts to pay for health care and long term care assistance

SCOPE OF MEDICAID IN US

- \$414 billion spent in 2011
- ~50 million low income people/families—our nation's sickest and poorest
- ~12 million elderly, disabled, adults (*this increasing under Affordable Care Act-ACA*)
- Pays for 2M births annually (~40% of all births)
- Nearly 31M children enrolled, 2010
- ~70% of nursing home beds Medicaid-financed
- States have learned to maximize federal match

SCOPE OF MEDICAID, CONT'D

- Medicaid is THE largest single source of *any kind* of federal grants to states—comprised 42% of grants to states in 2010
- Incredibly complex statute, regulations, enforcement

Recently, impacted by Affordable Care Act of 2010 (ACA); each state decides on 'expansion' of Medicaid

- In US, approx. 30 M uninsured individuals could be insured
- Estimated 21 M add'l people will get Medicaid by 2022

HOW DOES MEDICAID WORK?

- Costs shared between state and federal govt.
 - Fed pays between 50-80%
 - Federal share depends on state's per capita income, few other factors
 - Sharing costs—like a discount to the state—avg federal share last 2 yrs was ~57% (US avg. was 63% during 2 yrs of ARRA)
 - Federal shares for Michigan Kentucky

➤ 2012	66.14%	71.18%
➤ 2013	66.39%	70.55%

HOW DOES REGULAR MEDICAID WORK?

- Each state has its own Medicaid program
 - Much discretion by states
 - Each state administers, establishes: What (services covered), Who (eligibility standards), How Much (scope of services), Payment (method and amount of payment for services) and, the State expects you to know their rules
 - Some services are mandatory (NHs, physician) some services are optional (SBS, Rx, dental)
 - When services provided, Medicaid is “billed” \$100, Dr., hospital, etc. receive \$100 (\$70 federal, \$30 KY)

HOW DOES MI MEDICAID SBS WORK?

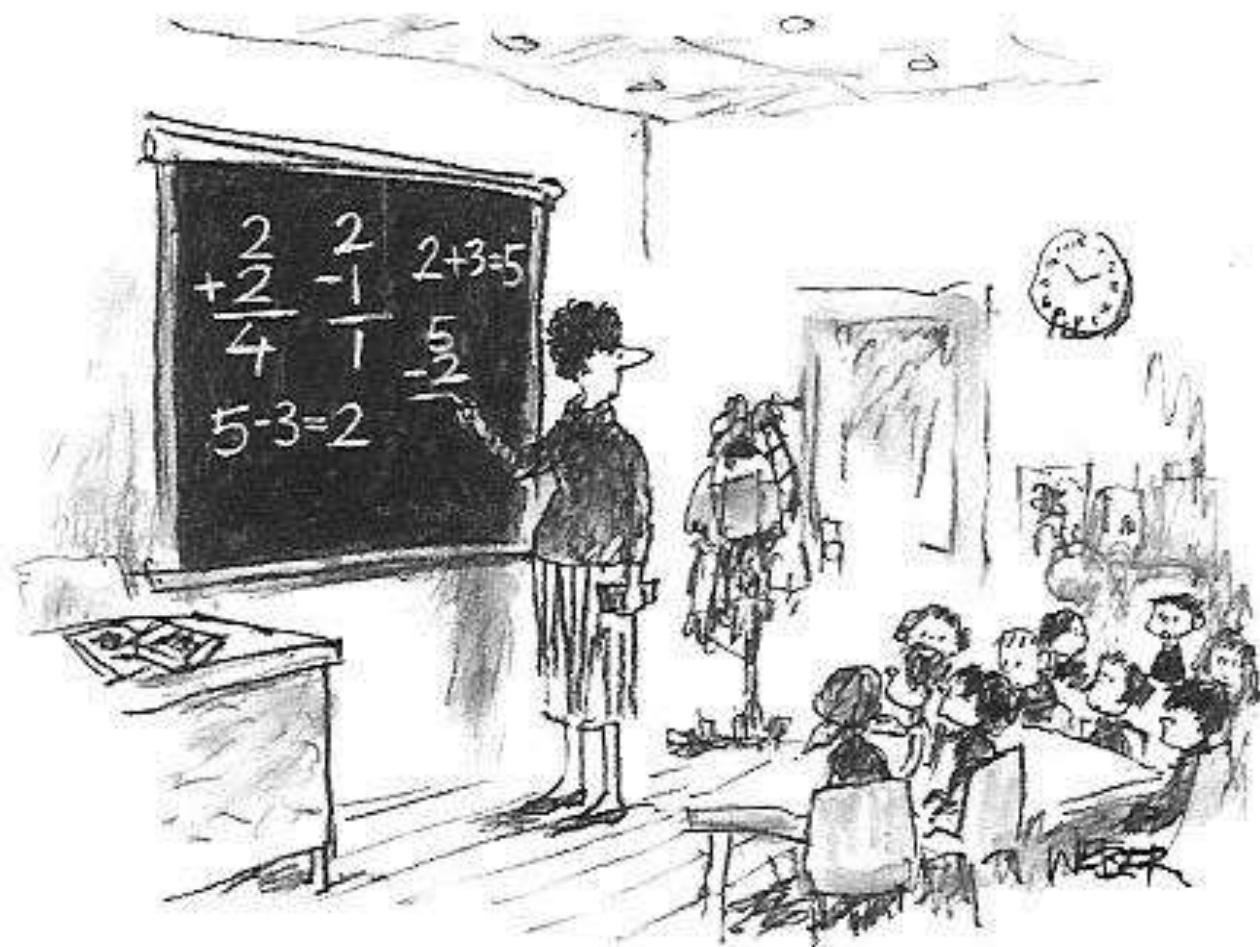
- Took an Act of Congress, 1988 (25 years ago)

HAPPY ANNIVERSARY!!!

- Medicaid reimburses for some school costs for some Medicaid-eligible students with IEPs for some health related services they receive
- For SBS program, reimbursement is different
- Schools are paid only fed share reimbursement
 - Rationale: school aid would have been 'state share'
 - Federal share split 75% to schools, 25% to KDE
 - In Michigan, 60% to schools, 40% to Medicaid agency
 - **Medicaid reimburses only for expenditures from state or local sources—never bill Medicaid for federally-funded services**
- SBS program brings federal Medicaid \$ to KY

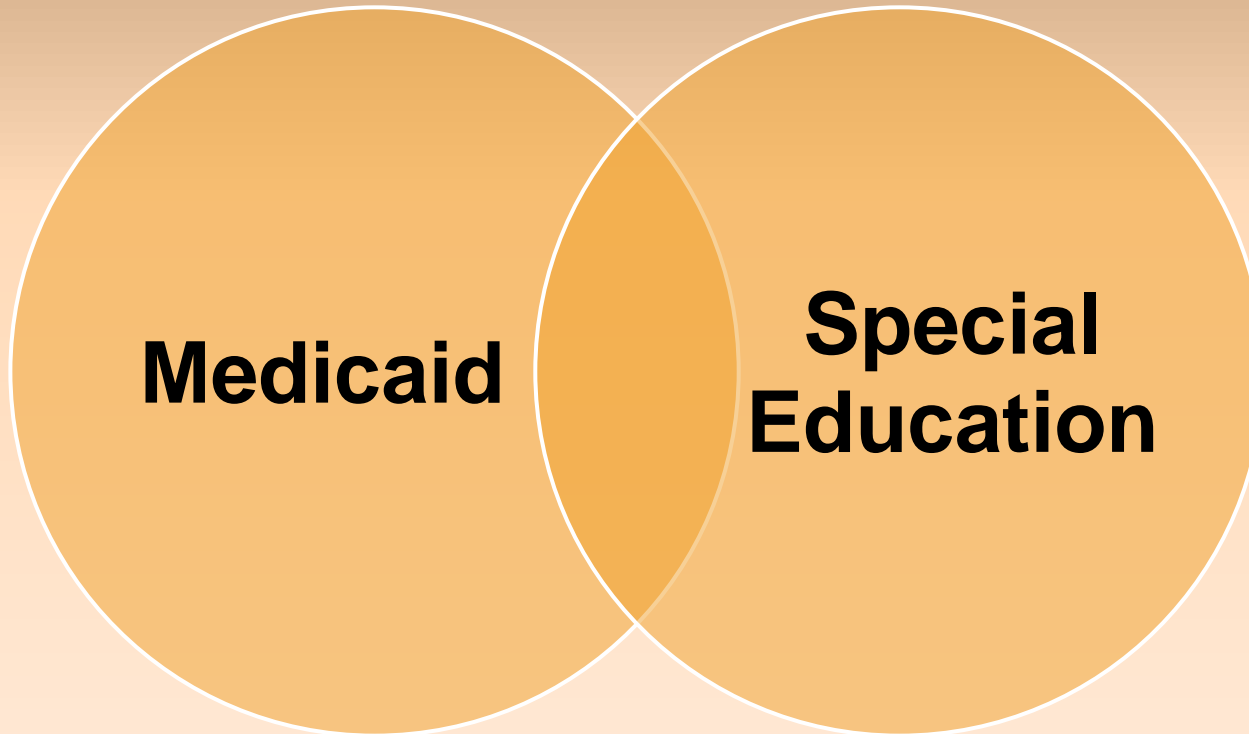
MI MEDICAID SBS –ELEMENTS

- Two primary components based on Federal Medicaid statute (Social Security Act) and its regulations (42 CFR), also state laws, rules *(later)*
 - **Direct Services** (OT, O & M, PT, SLP, Psych, Counseling, SW, Dev Testing, RN, MD/DO, PC, TCM, Transportation)
 - **Medicaid Administrative Claiming Program** (MAC—helps families access Medicaid services via referral, planning, monitoring, coordinating program, etc.)



"Please, Ms. Sweeney, may I ask where you're going with all this?"

MEDICAID SCHOOL BASED SERVICES IS REALLY ABOUT *FINDING COMMON GROUND*



HOW ARE MEDICAID AND SPECIAL EDUCATION SIMILAR?

Special Education

- ✗ Individuals with Disabilities Education Act
- ✗ Individualized Education Program
- ✗ State Performance Plan
- ✗ Some fed funding
- ✗ FERPA
- ✗ Service coordination

Medicaid

- ✗ Social Security Act
- ✗ Treatment plan
- ✗ Medicaid State Plan
- ✗ At least half fed funding
- ✗ HIPAA
- ✗ Targeted case management

SIMILARITIES, MEDICAID AND SPECIAL EDUCATION CONT'D

Special Education

- ✗ US Dept Ed, OSEP
- ✗ Child find
- ✗ Data Collection, reporting
- ✗ Focused Monitoring
- ✗ Mission expanded, less resources
- ✗ High stds for all staff
- ✗ Increasingly complex

Medicaid

- ✗ US Dept HHS, CMS
- ✗ Outreach
- ✗ Documentation in pt record
- ✗ Financial Auditors
- ✗ Mission expanded, less resources
- ✗ High stds for providers
- ✗ Increasingly complex

KY MEDICAID SBS – WORTH THE HASSLE?

- Documentation, but great records benefit special ed department too (like THIS CONFERENCE? 😊)
- You are expected to understand two massive bureaucracies, languages, priorities, budget pressures
- FY 2013, \$7 M federal Medicaid dollars came to Kentucky
 - Saved some jobs? Helped some children and families? “Getting it” helped you be more effective and efficient in your work?
 - YOUR tax dollars helping more kids, families

Your **Role:**



- Know the stakes – \$7 million coming to KY each year
- This is a statewide program with several partners, each of us has an essential role
- You are a “Medicaid Provider” expected to know both Special Education and Medicaid rules, requirements



Your Role:



- Special Education, Medicaid, Department of Education, Business staff, billing companies must work together
- Share information discussed at this meeting and with each other during the year

•ASK QUESTIONS



Your **Role:**



- Think about the tone of your Medicaid SBS program – is it positive? You can impact it
- Ask for, get help
- As complex and isolating as Medicaid SBS Program may be, when your team pitches in and complies, success results



KY MEDICAID SBS

- **Intended Outcomes:**
 - To share huge costs of health care and related services, for children with disabilities so our tax dollars used wisely
 - Quality health care, efficient systems, each system meeting its obligations for children w/ disabilities
- **Medicaid is obligated to cover their beneficiaries**
- **Special Education is obligated to provide FAPE for children and students**
- *Why not partner to carry the load together to help youth and their families?*



“WE ARE ALL IN THIS TOGETHER!”

QUESTIONS



Thank You!

ONE MORE THING



NAME 11TH ANNUAL CONFERENCE

Great Lakes, Grand Insights!

Grand Rapids, Michigan

October 8 - 11, 2013

"Big Sable Point Lighthouse on Lake Michigan, in Ludington" by Michael Schultz

Conference Website:

http://www.medicaidforeducation.org/index.php?option=com_content&view=article&id=302&Itemid=57

Questions? Check with Jane Reagan, Co-Chair

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